Introduction: Vaccines are developing a High-Density Microarray Patch (HD-MAP) for vaccination using micro-projections to deliver vaccine to the epidermis and upper dermis. Clinical studies have shown HD-MAP vaccines to be well tolerated, safe, and highly immunogenic in healthy adults. We aimed to explore usability, acceptability, and safety of excipient-coated HD-MAP in older adults aged over 50 years.

Methods: As part of a clinical study, participants had two HD-MAPs administered to their dominant arm by a trained provider, then self-administered two HD-MAPs to their non-dominant arm. Semi-structured interviews were conducted on day 0 and 28. Thematic analysis was used to explore perceptions and experiences of HD-MAP.

Results: We recruited 44 older adults in 3 age strata: 50-64 years (n = 17), 65-74 years (n = 16), and ≥75 years (n = 11). Participants made the following observations about HD-MAPs: (1) potential for mass administration may increase access, (2) reduced burden on health services with lay administration, and (3) convenience of self-administration. The HD-MAP had potential for mass distribution to low resource settings given its thermostability and potential for lay person administration. Participants reported that the HD-MAP may reduce healthcare burden as trained users could administer the vaccine patch in addition to professional immunisers. The HD-MAP was convenient as older adults could self-administer reducing the need for clinic appointments.

Conclusion: HD-MAPs may enable improved access to vaccinations and improve willingness to be vaccinated. In a pandemic, HD-MAP may be an acceptable alternative to needle and syringe particularly in older and vulnerable populations.

32. EXPLORING STAFF PERSPECTIVES ON CARING FOR ISOLATED HOSPITALISED PATIENTS DURING THE COVID-19 PANDEMIC: A QUALITATIVE STUDY
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Introduction: In response to the 2020 COVID-19 pandemic Australian hospitals introduced strict patient isolation and tight infection control policies including extreme visiting restrictions for families. Work practices and communication channels changed to accommodate restrictions. This study explored staff perceptions of the impact of strict isolation and infection control policies on patients, families, and staff in one Victorian acute metropolitan hospital.

Methods: A qualitative descriptive design was used to examine the opinions of frontline nurses, medical staff, allied health, and support staff. Fifty-eight staff were interviewed in eight focus groups. Interviews were audio-recorded, transcribed, and analysed using content analysis.

Results: Six main themes identified: 1 Communication challenges during COVID-19; 2 Impact of isolation on family; 3 Challenges to patients' health and safety; 4 Impact on staff; 5 Challenging standards of care; 6 Contextual influences: policy, decision-makers, and the environment. Clear communication was pivotal to successful outcomes. Adapting to rapid change was difficult for staff. Technology including teleconferencing could be effective. Isolating patients from families caused distress for all. Some patient care was perceived as compromised. PPE was a barrier to staff/patient communication and rapport. Staff were supported by teamwork. Existing infrastructure and equipment were frequently inadequate.

Conclusion: The hospital restrictions resulted in good pandemic management; however, it was perceived as being at considerable cost to patients, families, and staff. Preparation for future pandemics must consider workforce preparedness, adapted models of care and workflow. Further research using a co-design model with consumers and staff is recommended to construct a workable solution.

33. TO BE OR NOT TO BE LEFT IN SITU: PREVALENCE AND COMPLICATIONS OF IDLE INTRAVENOUS CATHETERS. A SECONDARY ANALYSIS OF 4565 CATHETERS
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Introduction: Prevalence audits demonstrate up to 50% of peripheral intravenous catheters (PIVCs) are left in situ when no longer required for medical treatment. However, prevalence audits do not capture outcome data, and therefore any associated complications during idle catheter dwell are unknown. The aim of this study was to identify the prevalence of idle catheters and subsequent outcomes.

Methods: We undertook a secondary analysis of previously collected de-identified data from adult and paediatric patients from 4 randomised controlled trials and 2 observational studies evaluating technology and outcomes of PIVCs in acute hospital settings. We analysed every catheter from insertion until removal. Idle catheter was defined as no intravenous medication or fluid in the past 24 hours or more.

Results: A total of 3677 patients with 4565 PIVCs were included in the analysis, and 844 catheters were idle for >24 hours. Idle catheter rates were as follows: Day 1, 114/832 (13.7%); Day 4, 127/655 (19.4%); Day 7, 40/104 (38.5%). By specialty, most idle catheters were in medical patients (41.6%), followed by elective surgery patients (29.9%). In total, 698/844 (82.1%) idle catheters were inserted in the ward environment, and 147/844 (17.4%) had required 2 or more insertion attempts.

Conclusion: Idle catheters are prevalent in acute care settings, with implications for adverse patient outcomes (complications, bloodstream infection, extended hospital stay) and healthcare costs (catheter resources, nursing time). A greater awareness of the risks of idle catheters could improve patient safety. Implementation of a daily reminder to remove idle catheters is strongly recommended.

36. NURSES AND NEEDLELESS CONNECTORS: WHERE CAN WE IMPROVE? A QUALITATIVE STUDY
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